



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
HEYWOOD		DAVID	W.	391-5403
MAILING ADDRESS (Street)				FAX
6770 Hawaii Kai Dr. #405				
(City)		(State)	(Zip Code)	
Honolulu		HI	96825	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
n/a				
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

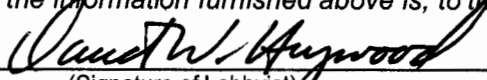
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Association of Health Plans			
MAILING ADDRESS (Street)			FAX
c/o Howard Lee, UHA - 700 Bishop St., Suite 300			
(City)		(State)	(Zip Code)
Honolulu		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Howard Lee			532-2526
MAILING ADDRESS (Street)			FAX
700 Bishop St., Suite 300			
(City)		(State)	(Zip Code)
Honolulu		HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	<u>Health</u>	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

2/11/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Richard (RICK) Jackson

President

NAME OF ORGANIZATION (if applicable)

Hawaii Association of Health Plans

TELEPHONE

522-7524

MAILING ADDRESS (Street)

c/o Howard Lee - UHA 700 Bishop St., Suite 300

FAX

(City)

Honolulu

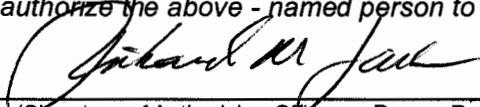
(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

  
(Signature of Authorizing Officer or Person Represented)

2/09/05  
(Date)